

GEORGIA STATE BOARD OF OPTOMETRY
Professional Licensing Boards
237 Coliseum Drive
Macon, GA 31217
(478) 207-2440

CE AUDIT REPORT FORM

For the Two-Year CE Reporting Period Beginning January 1, 2006 and Ending December 31, 2007

YOU MUST SUBMIT COPIES OF YOUR C.E. CERTIFICATES, CPR CERTIFICATE, PROOF OF PROFESSIONAL LIABILITY ALONG WITH YOUR CE AUDIT REPORT FORM.

NAME _____ LICENSE # _____ YEAR ISSUED _____

PLEASE PRINT OR TYPE - Be sure to sign and date in the space provided.

| Institute, Organization, or Agency Conducting Program | Title of Program or Description of Content | Location of Program | Dates Attended | No. of Contact Hours |
|--|---|---------------------|-------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this report.

(Signature)

(Date)

TOTAL HOURS CLAIMED ____

GEORGIA STATE BOARD OF OPTOMETRY

Professional Licensing Boards

237 Coliseum Drive

Macon, GA 31217

(478) 207-2440

CE AUDIT REPORT FORM

For the Two-Year CE Reporting Period Beginning January 1, 2005 and Ending December 31, 2007

AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, 200____.

I certify that the above is true and accurate information and I have attached required documentation.

(Signature of Optometrist)

Notary Public _____

(Printed/Typed Name of Optometrist)

NOTARY SEAL

Daytime Telephone Number _____

License Number _____

License Issue Date _____